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## FAX FILING IN U.S. PATENT & TRADEMARK OFFICE

DATE: December 11, 2007

TIME: \_\_\_\_\_

TO:	Helen Shibru	FAX NO.:	571-273-8300
FROM:	Lawrence E. Ashery	ADMIN. ASST.:	Nicole May
APPLN. NO.:	10/088,037	ATTY. DOCKET NO.:	MTS-3321US
TITLE OF APPLN.: DATA RECORDING APPARATUS, DATA REPRODUCING APPARATUS, DATA RECORDING METHOD, AND DATA REPRODUCING METHOD (AS AMENDED)			
FILING DATE:	August 28, 2002	ART UNIT:	2621
FIRST INVENTOR:	Kenji Morimoto et al.	CONF. NO.:	6565
TITLE OF DOCUMENT (and List of Attachments): Amendment, PTO-2038 and Fee Transmittal (2)			

Total Number of Pages: 16 (including this form)

COMMENTS

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PTO/SB/17 (10/07)

Approved for use through 6/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/04.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
For FY 2008**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

520

**Complete if Known**

Application Number	10/088,037
Filing Date	August 28, 2002
First Named Inventor	Kenji Morimoto et al.
Examiner Name	Helen Shibu
Art Unit	2621
Attorney Docket No.	MTS-3321US

**METHOD OF PAYMENT** (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
50	- 48 or HP =	2	x 50 =	100		
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
8	- 6 or HP =	2	x 210 =	420		
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): \_\_\_\_\_

Fees Paid (\$)

**SUBMITTED BY**

Complete (if applicable)

Signature	Registration No. Attorney/Agent	34,515	Telephone	610-407-0700
Name (Print/Type)	Lawrence E. Ashery		Date	December 11, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Each independent claim over 3 (including Reissues)

Multiple dependent claims

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8	- 6 or HP = 2	x 210 =	420

HP = highest number of independent claims paid for, if greater than 3

<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	_____	_____

12/12/2007 VBUI11 00000017 10000037

01 FC:1201

02 FC:1202

420.00 OP  
100.00 OP**3. APPLICATION SIZE FEE**

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_____ - 100 =	_____ / 50 =	_____ (round up to a whole number)	x	_____ =

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